PART B - FEE(S) TRANSMITTAL

and send this form, together with applicable fee(s), to:

Mail

Mail Stop ISSUE FEE Commissioner for Patents

PO Box 1450 Alexandria, Virginia 22313-1450

Fax

(571) 273-2885

RUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fcc notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

09/19/2007

PEARL COHEN ZEDEK LATZER, LLP 1500 BROADWAY, 12TH FLOOR NEW YORK, NY 10036

Note: A certificate of mailing can only be used for demestic mailings of the Fee(s). Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Posml Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimilie transmitted to the USPTO (571) 273-2885, on the date indicated

| | | | | | (Ocpusitor's | |
|--|--|---|--|--|--|--|
| | | | | | (3) | |
| APPLICATION NO. | FILING DATE | FIRST | NAMED INVENTOR | ATTORNEY DOCKET | CONFIRMATION NO. | |
| 10/608,129 | 06/30/2003 | | Atanu, Guchhait | P-5749-US | 2998 | |
| TTT.E OF INVENTION: | METHOD A | ND APPARA | atus for patii searc | HING | | |
| APPLN. TYPE SMAL | LENTTRY ISSUE | FREE DURE | PUBLICATION FEE DUI | PREV. PAID ISSUE 1986 | TOTAL FEE(S) DUE DATE DE | |
| nonprovisional | NO \$1 | 1,440 | \$300 | \$0 | \$1,740 12/19/200 | |
| EXAMIN | ER | ART UN | VIT CLASS-SUB | CLASS | | |
| TRAN, KI | | 2611 | 375-3160 | | | |
| Correspondence Address | | sttached. | (2) the name of | ents OR, alternatively. 'a single firm (have as a member new or agent) and the names of a | 2 LATZER LLP | |
| Correspondence Address "Fcc Address" indi PTC/SB/47; Rev 03-02 Customer Number is n 3. ASSIGNEE NAME A PLEASE NOTE: Univ | form PTO/SB/122) a cation (or "Fee Addr 2 or more recent) equired. ND RESIDENCE DA ess an assignee is idea | attached, ress" Indication attached. Use ATA TO BE Intified below. | (2) the name of registered attor to two register name is listed, PRINTEU ON THE PATE, no assignce data will appy | a single firm (have as a member ney or agent) and the names of a ad patent attorneys or agents. If the no name will be printed. | 3 | |
| Correspondence Address "Fcc Address" indi PTC/SB/42; Rev 03-02 Customer Number is n 3. ASSIGNEE NAME A PLEASE NOTE: Univ | form PTO/SB/122) a cation (or "Fee Addr 2 or more recent) equived. ND RESIDENCE D/ ess an assignee is ide et forth in 37 CFR 3.1 | attached, ress" Indication attached. Use ATA TO BE Intified below. | (2) the name of registered attorn to two registered name is listed. PRINTED ON THE PATE. To assignee data will appropriate the form is NOT a suite of this form is NOT a suite. | a single firm (have as a member ney or agent) and the names of a ad patent attorneys or agents. If a no name will be printed. NT (print or type) car on the putent. If an assignee is | 3 | |
| Currespondence Address "Fcc Address" indi PTO/SB/47; Rev 03-02 Customer Number is n 3. ASSIGNEE NAME A PLEASE NOTE: Unit filed for recordation as se | form PTO/SB/122) a cation (or "Fee Addr 2 or more recent) equired. ND RESIDENCE D/ ess an assignee is idea at forth in 37 CFR 3.1 | attached, ress" Indication attached. Use ATA TO BE Intified below. | (2) the name of registered attor to two register name is listed. PRINTED ON THE PATE, no assignce data will appear of this form is NOT a su | a single firm (have as a member ney or agent) and the names of a d patent attorneys or agents. If a no name will be printed. NT (print or type) car on the patent. If an assignee is bottitute for filing an assignment. | 3 | |
| Correspondence Address "Foc Address" indi PTO/SB/47; Rev 03-02 Customer Number is in 3. ASSIGNEE NAME A PLEASE NOTE: Unlifited for recordation as se (A) NAME OF ASS INTEL CORPORA asse check the appropriate as | form PTO/SB/122) a cation (or "Fee Addr 2 or more recent) equived. ND RESIDENCE D/ ess an assignee is idea at forth in 37 CFR 3.1 IGNEE. ATTON | attached. ress" Indicatic attached. Us ATA TO BE Y attified below. 11. Completion | (2) the name of registered attorn to two registered attorn to two registered name is listed, or assignce data will appear of this form is NOT a suited to be printed on the patent): | a single firm (have as a member new or agent) and the names of ad patent attorneys or agents. If the name will be printed. NT (print or type) car on the patent. If an assignee is bestitute for filing an assignment. B) RESIDENCE: (CITY and S'Santa Clara, CA | a identified below, the document has been tate OR COUNTRY) | |
| Correspondence Address "Fcc Address" indi PTO/SB/47; Rev 03-02 Customer Number is in 3. ASSIGNEE NAME A PLEASE NOTE: Unlifited for recordation as se (A) NAME OF ASS INTEL CORPORA asse check the appropriate a | form PTO/SB/122) a cation (or "Fee Addr 2 or more recent) equived. ND RESIDENCE D/ ess an assignee is idea at forth in 37 CFR 3.1 IGNEE. ATTON | attached. ress" Indicatic attached. Us ATA TO BE Y attified below. 11. Completion | (2) the name of registered attorned of a registered attorned to two registered attorned is listed. PRINTED ON THE PATE. The no assigned data will appear of this form is NOT a sure of the printed on the patent): 4b. Payment of | a single firm (have as a member new or agent) and the names of ad patent attorneys or agents. If the name will be printed. NT (print or type) car on the patent. If an assignee is bestitute for filing an assignment. B) RESIDENCE: (CITY and S'Santa Clara, CA | a identified below, the document has been tate OR COUNTRY) | |
| Correspondence Address "Fcc Address" indi PTO/SB/47; Rev 03-02 Customer Number is in 3. ASSIGNEE NAME A PLEASE NOTE: Unit filed for recordation as se (A) NAME OF ASS INTEL CORPORA asse check the appropriate a 4a. The following fees(s) | form PTO/SB/122) a cation (or "Fee Addred or more recent) and required. ND RESIDENCE Difference is idea at forth in 37 CFR 3.1 IGNEE ATTON staigned category or cat or are enclosed: | ettached. ress" Indicatic attached. Us ATA TO BE t attached below. 11. Completio | (2) the name of registered attorned of a registered attorned to two registered registered attorned is listed. PRINTED ON THE PATE. In assignce data will appear of this form is NOT a sure of this form is NOT a sure of the printed on the patent): 4b. Payment of A check | a single firm (have as a member ney or agent) and the names of a dy patent attorneys or agents. If a no name will be printed. NT (print or type) for on the putent. If an assignee is obstitute for filing an assignment. B) RESIDENCE: (CITY and S'Santa Clara, CA | 3 ridentified below, the document has been tate OR COUNTRY) or other private group emity Government losed. | |
| Correspondence Address "Fec Address" indi PTO/SB/47; Rev 03-02 Customer Number is in 3. ASSIGNEE NAME A PLEASE NOTE: Unliftled for recordation as se (A) NAME OF ASS INTEL CORPORA use check the appropriate a 4a. The following fees(s) Issue fee | form PTO/SB/122) a cation (or "Fee Addred or more recent) and required. ND RESIDENCE Difference is idea at forth in 37 CFR 3.1 IGNEE. ATTON INSIDENCE category or can are enclosed: Its small entity discoulting the category of can are enclosed: | ettached. ress" Indicatic attached. Us ATA TO BE t attached below. 11. Completio | (2) the name of registered attorn form of an interest of an intere | a single firm (have as a member new or agent) and the names of a dipatent attorneys or agents. If a no name will be printed. NT (print or type) are no the patent. If an assignee is bottlute for filing an assignment. B) RESIDENCE: (CITY and S. Santa Clara, CA hadividual Corporation of Fee(s): is encountered to the prediction of the fee(s) is encountered to the feetor is hereby authorized to cereating of the same processor. | 3 ridentified below, the document has been tate OR COUNTRY) or other private group entity Government losed. | |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering preparing, and submitting the completed application form to the USPTO. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this borden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 07/66) Approved for use through 04/30/2007.

OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Date: December 4, 2007

Registration Number: 60,234

12/05/2007 HDEMESS2 00000122 503355 10608129

01 FC:1501 02 FC:1504

1440.00 DA 300.00 DA

Authorized Signature:

Typed or printed name: Zeev Pearl

PAGE 2/3 * RCVD AT 12/5/2007 1:53:54 AM [Eastern Standard Time] * SVR:USPTO-EFXRF-1/0 * DNIS:2732885 * CSID:6464175511 * DURATION (mm-ss):02-52